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AMENDMENT		DOCKET NO. JR03-01	-
TRANSMITTAL LETTER			
SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT 3726
10/769,356	01/30/2004	Compton, Eric B.	

INVENTOR(S): Jared J. Robert

INVENTION: WEAR-RESISTANT COMPOSITE RINGS FOR JEWELRY, MEDICAL OR INDUSTRIAL

DEVICES AND MANUFACTURING METHOD THEREFOR

## TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is a two-page amendment in the above-identified application.

The fee has been calculated as shown below.

-1-	-2-	-3-	-4-	-5-	-6-	-7-
	Claims Remaining After Amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Fee
TOTAL CLAIMS	1820	MINUS	20	0	X \$25	0
INDEP. CLAIMS	3	MINUS	3	. 0	X \$100	0
			TOTAL ADDITION FOR THIS AMEN			\$0

he entry in column 2 is less than the entry in column 4, write "0" in column 5

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The undersigned petitions for a one-month extension of time for filing this document required under 37 CFR 1.136.

A check in the amount of \$\\_60.00\ is enclosed to cover the fee for the extension of time.

\_\_\_\_\_\_December 11, 2006

Date

12/19/2006 EAREGAY1 00000036 10769356

01 FC:2251

60.00 OP

Angus C. Fox, III Attorney of Record

Reg. No. 31,828

## **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Mail Stop Amendment Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 11, 2006.

The PTO did not receive the following

Signature of person mailing correspondence

listed Item(s) CK & GO . Dut CC FORM

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

Under the Party ork Reduction	<b>₩</b> 5900 of 199	5 no persons are rec	quirea to resp	ong to a collection	n of informatio	n unless it displays	a valid OMB control number
HADEDAY	der the Parapyork Reduction of 1995 no persons are required to respond to a coll				Complete if Known		
Fees pursuant to the Consolidat			1   /	Application Nun	nber 10/	769,356	
FEE TRA	ANS	SIVII I I <i>I</i>	4L [	iling Date	01/	30/2004	
For	FY 2	2006	F	irst Named Inv	entor Jar	ed J. Robert	
			27	Examiner Name	Co	Compton, Eric B	
✓ Applicant claims small entity status. See 37 CFR 1.27				Art Unit	372	3726	
TOTAL AMOUNT OF PAYM	ENT (\$	60.00		Attorney Docke	t No. JR	03-01	
METHOD OF PAYMENT	(check a	II that apply)					
	Check ✓ Credit Card  Money Order  Other (please identify):  Deposit Account Number: Deposit Account Name:						
For the above-identified				·			· · · · · · · · · · · · · · · · · · ·
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Charge fee(s) i				_	je fee(s) indi	cated below, exc	ept for the filing fee
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION						<del></del>	· · · · · · · · · · · · · · · · · · ·
1. BASIC FILING, SEARC	CH AND	FXAMINATION	FEES				
i. Broid i izind, dzrak	FILING	FEES	SEARC	H FEES		ATION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
110,10,0,0	2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						_
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (in Each independent clain	cluding l m over 3		sues)			Fee (\$) 50 200	Small Entity Fee (\$) 25 100
EXCESS CLAIM FEES     Fee Description     Each claim over 20 (in     Each independent clair     Multiple dependent clair	cluding l m over 3 nims	(including Reiss		eaid (\$)		Fee (\$) 50 200 360	Fee (\$) 25 100 180
EXCESS CLAIM FEES     Fee Description     Each claim over 20 (in     Each independent clair     Multiple dependent clair	cluding l m over 3	(including Reiss		raid (\$)		Fee (\$) 50 200 360	Fee (\$) 25 100

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or of	computer				
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each ac	dditional 50				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u>	Fee Paid (\$)				
100 = / 50 = (round <b>up</b> to a whole number) x =					
4. OTHER FEE(S)	Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): One-month Extension Fee for response to office action					
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- 3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

SUBMITTED BY				
Signature	the	g Style	Registration No. (Attomey/Agent) 31,828	Telephone 801-225-9000
Name (Print/Type)	Angus C. Fox, III			Date 12/11/2006

This collection of information is required by \$7 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.